



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90840 038 ****61.25

DOCUMENT # 768582 1. Entity Name QUAIL HOLLOW MOBILE HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 2050 PIONEER TRAIL LOT 244 NEW SMYRNA BEACH, FL 32168 US				Mailing Address 2050 PIONEER TRAIL LOT 244 NEW SMYRNA BEACH, FL 32168 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 2051 Pioneer Trail #206			
City & State New Smyrna Beach, FL		City & State New Smyrna Beach, FL		4. FEI Number 59-2530317	
Zip 32168		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MENZEL, DAVID 2051 PIONEER TRAIL LOT 232 NEW SMYRNA BEACH, FL 32168				7. Name and Address of New Registered Agent Name MARTENS, JOHN Street Address (P.O. Box Number is Not Acceptable) 2051 Pioneer Trail New Smyrna Beach FL 32168	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE John Martens, President DATE 4/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME MENZEL, DAVID STREET ADDRESS 2051 PIONEER TRAIL, LOT 232 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete			TITLE PD NAME MARTENS, JOHN STREET ADDRESS 2051 Pioneer Trail # 99 CITY-ST-ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME O'CONNOR, ANN STREET ADDRESS 2051 PIONEER TRAIL, LOT 206 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete			TITLE D NAME WILLIAMSON, STANLEY STREET ADDRESS 2051 Pioneer Trail CITY-ST-ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME RUSS, JAMES STREET ADDRESS 2051 PIONEER TRAIL LOT 64 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete			TITLE D NAME WILLIAMSON, STANLEY STREET ADDRESS 2051 Pioneer Trail CITY-ST-ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME DREW, LOUISE STREET ADDRESS 2051 PIONEER TRAIL LOT 129 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete			TITLE S NAME BEGG, MARGARET STREET ADDRESS 2051 Pioneer Trail # 220 CITY-ST-ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME MULLIGAN, BEVERLY STREET ADDRESS 2051 PIONEER TRAIL LOT 206 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete			TITLE S NAME BEGG, MARGARET STREET ADDRESS 2051 Pioneer Trail # 220 CITY-ST-ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME MENZEL, VICKIE STREET ADDRESS 2051 PIONEER TRAIL, LOT 232 CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete			TITLE S NAME BEGG, MARGARET STREET ADDRESS 2051 Pioneer Trail # 220 CITY-ST-ZIP New Smyrna Beach, FL 32168	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Beverly Mulligan				DATE: 4/25/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: 386-469-7078	